

MINUTES, MEETING NO. 22, ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES,
MAY 18, 1972

The Advisory Committee on Immunization Practices met at the Center for Disease Control on May 18, 1972. Those in attendance were:

Committee

Dr. H. Bruce Dull, Secretary
Dr. Theodore C. Eickhoff
Dr. Alexander D. Langmuir
Dr. Mary McLaughlin
Dr. E. Charlton Prather
Dr. Gilbert M. Schiff
Dr. Eleanor G. Shore

Ex Officio

Dr. Alice D. Chenoweth
Dr. Harry M. Meyer, Jr.

Liaison (American Academy of Pediatrics)

Dr. Samuel L. Katz

Others

Mr. Joel Kavet
Harvard School of Public Health

CDC--Participants and Discussants

Epidemiology Program:

Dr. Michael Gregg
Dr. Michael Hattwick
Dr. John Bryan

Foreign Quarantine Program:

Dr. Mildred Kendrick

Immunization Branch:

Dr. John Witte
Dr. Philip Landrigan

Laboratory Division:

Dr. Walter Dowdle
Dr. Marion Coleman

State and Community Services Division:

Dr. J. Michael Lane

RECORD COPY

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

Meeting of 18 May 1972

The meeting was called to order by the Acting Chairman, Dr. Bruce Dull, who introduced three newly appointed members, Drs. McLaughlin, Prather and Shore. An overview of the day's agenda preceded discussion of scheduled topics.

INFLUENZA

As at all regular spring meetings of the ACIP, primary attention was devoted to reviewing the past season's occurrence of influenza in the United States. The surveillance and laboratory reports by Epidemiology and Laboratory staff members respectively referred to specially prepared summary documents provided to all of the participants. Data sources included regularly reported mortality data from 122 cities, State reports, and various reviews of outbreaks or other circumscribed investigations.

In essence, the United States experienced a moderately severe outbreak of type A influenza which had affected all States by early February 1972. Mortality was estimated at about 30 percent of that experienced in 1968-69, the first year Hong Kong influenza appeared in the United States.

In 1971, the World Health Organization Expert Committee on Influenza recommended changes in the nomenclature of influenzaviruses to indicate both their hemagglutinin and neuraminidase antigens. The nomenclature difficulty in 1968 when the Hong Kong variant first appeared accentuated the inadequacies of the older nomenclature. Dr. Walter Dowdle explained in detail how the new system related to traditional influenzaviruses as well as to newly isolated agents. Preliminary studies suggest that both the hemagglutinin and the neuraminidase antigens contribute to immunity. The precise relationships, however, are not yet fully appreciated. It is felt, nevertheless, that a considerably improved ability both to interpret and prognosticate should result.

The Committee was privileged to hear a resume of an intensive review of "Influenza and Public Policy" by Mr. Joel Kavet, candidate for a doctoral degree at the Harvard School of Public Health. Mr. Kavet described his analysis of influenza and its economic and other parameters - a persuasive approach to quantitating the impact of influenza during epidemics and a basis for comparative and interpretative analysis. A copy of Mr. Kavet's thesis has been cataloged for general use in the CDC Library.

The Committee spent considerable time reviewing the existing statement on use of influenza vaccine. Modifications and updating were proposed by members of the group. A final draft was approved by all ACIP members as being consistent with consensus judgments. In general, the Committee reaffirmed its view that type A influenza deserves greater emphasis because of its relative significance as a problem in public health and encouraged a predominance of the type A antigen in vaccines for use in the high risk population.

HEPATITIS

Supplementary documents summarizing the CDC sponsored study of hepatitis among international travelers was provided. In general, the review noted a low rate of usage of Immune Serum Globulin among travelers, a very low risk of hepatitis for travelers to any part of the world, and evidence that long-term travel or residence in countries with endemic hepatitis was more important in forecasting risk than only the geography of the travel.

A draft of modified hepatitis recommendations prepared by the CDC staff was reviewed by the Committee and was approved with minor editorial changes. The Committee essentially reaffirmed its past recommendations for domestic control of hepatitis with prophylactic Immune Serum Globulin for close contacts of cases and a selective use of ISG among travelers.

COMBINED-SIMULTANEOUS VACCINES

Data were presented by the staff of Immunization Branch, State and Community Services Division, on preliminary studies of simultaneous live measles and Cendehill strain rubella virus vaccines. Although the data were encouraging in terms of the suitability of combining these two strains, the Committee concluded that the data were insufficient at the present time to comment on a general suitability for their regular simultaneous use in public health programs. The Committee's major concern was the apparently lower antibody titers to rubella when this combination of vaccines was administered.

A manuscript reviewing the cumulative cases of measles vaccine associated central nervous system phenomena was reviewed by Dr. Philip Landrigan, one of the authors (copy provided all Committee members). This tabulation essentially updated the regular review of all instances of CNS conditions associated in time with measles vaccine administration. The Committee concurred in the authors' interpretation of all available data.

REPORTS AND SURVEILLANCE REVIEWS

Supplementary documents on the occurrence of smallpox in Yugoslavia and Bangladesh were reviewed by Drs. Michael Lane and Stanley Foster. Both widely publicized events have led to enhanced precautions in screening returning nationals and foreign visitors who passed through epidemic areas. In particular, the smallpox in Yugoslavia resulted in careful follow-up of approximately 1,000 travelers returning to their homes in the United States. This surveillance system applied to all travelers at risk gave evidence of the responsiveness of State and local health departments to the concept of regularized, frequently daily, assessment of the health of travelers potentially exposed to smallpox.

With the acceptance of October 12-13, 1972, as the dates for the regular fall meeting of the ACIP, the meeting was adjourned.

Respectfully submitted,


Executive Secretary

May 30, 1972